

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 19, 2000 8:00 am**
Secretary of State

01-19-2000 90103 003 ***150.00

DOCUMENT # P98000043706

1. Entity Name

BJP MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

**9862 COUNTY RD 170
WESTCLIFFE CO 81252****9862 COUNTY RD 170
WESTCLIFFE CO 81252-9628****900998**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2406695

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EGERTON, CHARLES H
800 N MAGNOLIA AVE, SUITE 1500
ORLANDO FL 32803**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	
NAME	JACK, SUZANNE B	NAME	
STREET ADDRESS	9862 COUNTY RD 170	STREET ADDRESS	
CITY-ST-ZIP	WESTCLIFFE CO 81252	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	PHILLIPS, AUBREY S	NAME	
STREET ADDRESS	5855 ST GEORGE AVE	STREET ADDRESS	1487 Lonesome Mtn. Hollow
CITY-ST-ZIP	GROZET VA 22932	CITY-ST-ZIP	Charlottesville, VA 22911
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Suzanne B. Jack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/10/2000 719-783-2935
Date Daytime Phone #

CR2E034 (9/99)